Ó	Initial Application
	Amended Application

Date:

04/18/2023



City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

DMMITTEE TYPE (choose	one):
☐ Candidate	
Committee Name (required)	·
(first or last name & office)	
Candidate Information:	Candidate's Name (required):
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one)	
Election Cycle for Office So	ught (year the election will take place) (required):
Party Affiliation: (required)	□ Democrat □ Libertarian □ Republican □ Other:
☑ Political Action Con	nmittee (PAC)
Committee Name (required (if sponsored, must include sponsor's name)	Progress For Tucson
Political Function (optional) (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Sponsorship Information:	Sponsor's name or nickname (required):
(if applicable)	Sponsor's mailing address (required):
	Sponsor's email address (required):
	Sponsor's phone number (if any):
	openion o noscito (il dily).
	led with Secretary of State Segregated Fund of a Corporation, LLC, Partnership, or Union
(if applicable)	☐ Standing Committee (must also complete separate standing committee registration) ☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)
☐ Political Party	
Committee Name (required (must include party affiliation	
Jurisdiction:	☐ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)
	☐ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	☐ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)☐ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)
	only or rown ranky (must include proof of qualification pursuant to Art.o. 9 10-002 of 9 10-004)
Special Status must be fit (if applicable)	led with Secretary of State ☐ Standing Committee (must also complete separate standing committee registration)

1 of 2

Initial ApplicationAmended Application

Date: ___04/18/2023



City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER (office use only)

23-355-ct

COMMITTEE INFORMATION:

Contact Information:			
Contact information.	Committee's mailing address (required):	7447 E Cloud Rd Tucson AZ 85750	
Contact information.	Committee's email address (required):	nungua cofe mina @amail anna	_
	Committee's phone number (if any):	COO 10 100 05 10	_
	Committee's website (if any):		_
Chairperson's Information:	Chairperson's name (required):		_
	Chairperson's physical address (required):	0570 5 0 11 1 1 1 1 1 1 1	_
	Chairperson's mailing address (if different):		_
	Chairperson's email address (required):	hahdahaa Alda O O o o o o o o o o o o o o o o o o o	_
	Chairperson's phone number (required):	(500) (70,0070	
	Chairperson's employer (required):		_
	Chairperson's occupation (required):	D # 1	
Tues a summit of the summetions			_
Treasurer's Information:	Treasurer's name (required):		=
	Treasurer's physical address (required):		_
	Treasurer's mailing address (if different):	iomoolomb@amoil.com	_
	Treasurer's email address (required):		_
	Treasurer's phone number (required):		-N
	Treasurer's employer (required):	Potirod	-9
	Treasurer's occupation (required):	the state of the s	- 5
	Bank name (required):	Tacine Fernier Bank	and the
(do not list aget numbers)	Additional bank name (if applicable).		
(do not list acct numbers)		r Ç	
(do not list acct numbers)	Additional bank name (if applicable):	F-Q	- p
(do not list acct numbers)	Additional bank name (if applicable):		 .:
Bank or Financial Institution:	Bank name (required):Additional bank name (if applicable):	Pacific Premier Bank	_
CLARATION AND SIGNAT declare under penalty of pairperson or treasurer of the summittee and authorize it to	Additional bank name (if applicable): CURES: Description of the foregoing information is true and committee named herein, if applicable; (2) descriptions/expenditures on management of the foregoing information is true and committee named herein, if applicable; (2) descriptions/expenditures on management of the foregoing information is true and the foregoing information in the foregoin	nd correct. I further declare that I: (1) consent to sesignate the above-named committee as my official carry behalf, if applicable; (3) have read the Secretary of the secretar	serve a
declare under penalty of penalty of penalty of the committee and authorize it to the campaign finance and reports \$\frac{8}{3}\$ 16-901 to 16-938; and (5) address(es) provided herein.	Additional bank name (if applicable): CURES: Descriptory that the foregoing information is true and the committee named herein, if applicable; (2) do receive/make contributions/expenditures on miting guide; (4) agree to comply with Arizona election agree to accept all notifications and legal ser	nd correct. I further declare that I: (1) consent to sesignate the above-named committee as my official care.	serve a andidate f State'
I declare under penalty of penalty of the chairperson or treasurer of the committee and authorize it to campaign finance and report	Additional bank name (if applicable): CURES: Descriptory that the foregoing information is true and the committee named herein, if applicable; (2) do receive/make contributions/expenditures on miting guide; (4) agree to comply with Arizona election agree to accept all notifications and legal ser	nd correct. I further declare that I: (1) consent to signate the above-named committee as my official cay behalf, if applicable; (3) have read the Secretary oction law, including campaign finance laws codified a vice of process for campaign finance purposes via the	serve a andidate f State'